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FEC FORM 2

STATEMENT OF CANDIDACY

` '	Name of Candidate (in full)									
	BARBARA J. COMSTOCK		haali if addus			O Candidata'a FFO Ida	atification Number			
	Address (number and street) 6822 WEMBERLY WAY		heck if addre	ss changed		2. Candidate's FEC Ide H4VA10089	itilication number			
(c) C	City, State, and ZIP Code					3. Is This	ew Amended			
	MCLEAN		VA	2210	1	Statement (N) OR × (A)			
4. Part	y Affiliation	5. Office Soug	jht			rict of Candidate				
RE	PUBLICAN PARTY	House			VA	10				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I her	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
` '	Name of Committee (in full) COMSTOCK FOR (CONGRE	SS							
	Address (number and street) PO BOX 71596									
(c) C	City, State, and ZIP Code									
	RICHMOND				VA	23255				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
NOTE: This designation should be filed with the principal campaign committee.										
` '	Name of Committee (in full) WINNING WOMEN									
	Address (number and street) 228 S. WASHINGTON ST., S	ΓE. 115								
(c) C	City, State, and ZIP Code									
	ALEXANDRIA				VA	22314				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Signature of Candidate						Date				
BARBA	RA J. COMSTOCK			[Elec	tronically Filed]	06/16/2014				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
				1]			

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	behalf of my
NOTE:This designation should be filed wi	th the principal campaign committee.	
(a) Name of Committee (in full)		
YOUNG GUNS DAY I 20	014	
(b) Address (number and street) 228 S. WASHINGTON STREET STE 115		
(c) City, State and ZIP Code		
ALEXANDRIA	VA 22314	
DESIGN	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full)		
VICTORY TRUST 2014		
(b) Address (number and street) 228 S. WASHINGTON ST		
SUITE 115		
(c) City, State and ZIP Code		
ALEXANDRIA	VA 22314	
DESIGNA	ATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, candidacy.	which is NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed wi	ith the principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		